

To: Seattle City Council – Housing, Human Services, Health, & Culture Committee
From: Seattle Outreach Coordination Committee
Re: SLI – Outreach and Engagement Services to Homeless
Date: May 24, 2010

Dear Council Members Licata, Clark, and Rasmussen:

Thank you for the opportunity to respond to the Assessment of Street Outreach and Engagement Services for People who are Homeless produced by the City of Seattle HSD in April. While we support the overall findings and recommendations of the report, we would like an opportunity to share more specific information about the aspects of outreach in Seattle that are working well, and to make recommendations for how to address unmet need.

Outreach Coordination Group

The Seattle Outreach Coordination Committee (SOCC), established in 2009, consists primarily of professional outreach providers in the community, with the goal of improved communication and collaboration. The meeting topic areas fall into three general categories:

Client specific discussion: High need individuals are discussed by staff from all agencies to identify resources and coordinate care

Program coordination and client referrals: individuals who are ineligible for one program can be referred to another, or agencies with fewer clinical resources (such as Park Rangers) can refer high need individuals to programs with a mental health specialist or nurse on staff

Information sharing: We continue to discuss areas on unmet need in our community and how to generate more resources. For instance, for several months we have looked at one geographic area, such as Lake City to identify the scope of existing resources and clearly identify gaps needing to be filled for homeless individuals within that community.

The SOCC has greatly improved coordination and increased awareness about homeless outreach resources in the past year, and there are still a number of opportunities for improvement.

Examples of improved coordination and recommended changes are below:

- Youth outreach providers have a separate monthly meeting to coordinate care. A representative from one youth program participates in this meeting regularly, and attends the ongoing youth outreach group. Other youth providers have attended for some information sharing. We would like to encourage more youth providers to attend the SOCC and work on more direct collaboration with youth programs.
- We would like to have regular police and Neighborhood Corrections Initiative (NCI) representation at SOCC meetings. Community policing is linked successfully to outreach efforts in a number of cities across the country. Mutual education and coordination with the police would be beneficial to all. For

instance, when belongings (especially identity documents such as State ID, passports, birth certificates, Social Security cards) are discarded during sweeps, it makes it extremely difficult to assist and serve homeless individuals in an efficient and timely manner. The participation of the Park Rangers has been useful to outreach efforts in the parks and Park Rangers now contact paid outreach workers to assure more immediate connections to services when they are needed.

- The SOCC committee has representatives from all types of outreach programs, and the coordination component of the group has been critical to increase the efficiency of outreach efforts and the ability to respond to a wider group of homeless people. For instance, the outreach worker for the Metropolitan Improvement District Ambassadors program gathers information from all of the Ambassador staff at the program and identifies individuals with serious clinical needs to refer to outreach programs with the necessary mental health, chemical dependency, or health care staff to adequately respond

Expansion of Clinical Outreach Programs Needed

The outreach report prepared by the Human Services Department identified many outreach programs, but did not distinguish them by function. In fact, there are many types of outreach approaches, each with distinctly different roles and capacity. Some groups provide short-term benefits by distributing resources and/or food, often utilizing volunteers and donated supplies. While they provide needed emergency support and often help engage isolated individuals, they do not have the resources or clinical skills to help support an individual in achieving sustainable social and clinical stability. Professional clinical outreach programs generally have licensed, multi-disciplinary staff whose goals are to assess and identify individuals on the streets with high needs, create on-going consistent relationships, and then provide all the support necessary to link them to housing, mental health services, health care. This type of effort leads to long term stability in the community. While clinical programs may cost more money to run, they benefit the overall system by stabilizing high needs individuals who otherwise are, or will likely become, high utilizers of jails, court systems, and hospitals. Further they are likely to behave in ways that cause concern among downtown merchants and neighbors if they cannot access needed services and housing.

We would like to see an increase in funding for clinical outreach services to adequately serve all individuals with high needs and high vulnerabilities sleeping outside. Current clinical outreach programs have strict eligibility requirements and limitations on the number and type of individuals they can serve. This means that there are many vulnerable groups that need outreach, but are not eligible for current clinical outreach services. Examples are: young people aging out of foster care and youth services, mentally ill individuals who cannot adequately maintain contact with their service providers, the elderly, and individuals with severe medical needs (multiple sclerosis, deafness, amputations) who do not fit into outreach service systems. These clients often fall between the cracks in the system and need clinical outreach.

Other Comments regarding the HSD Report:

Finally, we would like to note that the spreadsheet that appears at the end Outreach Report should not be relied upon to determine program capacity or program comparisons. The chart gives some indication of the array of outreach services, but the terms used to describe outcomes are not comparable between programs and data collection methods vary.

In particular, youth programs are given very little attention in the outreach report. Their service systems and overall level of collaboration is very different from adult outreach systems. We suggest a deeper analysis of the youth outreach service system before significant changes are made.

Thank you for your attention to our recommendations.

Respectfully submitted by:

DESC – HOST

Evergreen Treatment Services – REACH

Health Care for the Homeless

45th St. Youth Clinic

Mental Health Chaplaincy

Metropolitan Improvement District